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Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance: strengthening of the coordination of emergency humanitarian assistance of the United Nations

Humanitarian assistance and rehabilitation for selected countries and regions

Report of the Secretary-General

Summary

The present report is prepared pursuant to General Assembly resolutions 66/9 and 66/120. It provides an update and analysis of the current challenges facing the delivery of humanitarian relief and rehabilitation provided by the United Nations and its partners to countries affected by natural disasters. In compliance with the Assembly's request to consolidate and streamline reports whenever possible, the two reports under the present agenda item have been consolidated into a single document covering the emergency humanitarian assistance provided for the rehabilitation and reconstruction of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama; and the humanitarian assistance, emergency relief and rehabilitation provided in response to the severe drought in the Horn of Africa region.

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I. Introduction

1. The present report is prepared pursuant to General Assembly resolutions 66/9 and 66/120. Part II of the report covers the period from October 2011 to July 2012. Part III covers the period from January 2011 to August 2012.

II. Emergency humanitarian assistance provided for the rehabilitation and reconstruction of Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama

A. Overview

2. In October 2011, tropical depression E-12 passed through Central America causing massive flooding and mudslides in Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua, while seasonal rains and associated flooding affected Belize and Panama. Mexico was also affected by flooding and mudslides. The tropical depression affected 2 million people, including tens of thousands who were evacuated, destroyed thousands of homes and caused significant losses in agriculture and infrastructure.

3. El Salvador, Guatemala, Honduras and Nicaragua suffered the most and declared national states of emergency. Both El Salvador and Nicaragua, where rain levels were the highest registered in 50 years, requested international assistance and launched flash appeals due to the scale of flood-related needs.

4. The Governments of Costa Rica, Guatemala, Honduras and Mexico supported affected people without requesting international assistance. In Guatemala, people living in poverty, rural communities and those still in shelters as a result of the earthquake of September 2011 were particularly affected. In Honduras, the impact of the disaster and the declared emergency were limited to the southern parts of the country. The tropical depression also had limited impact in Costa Rica and Mexico. The present report highlights response efforts in El Salvador, Guatemala and Nicaragua.

B. Humanitarian response

5. The regional office of the Office for the Coordination of Humanitarian Affairs in Panama helped the Governments of the affected countries and humanitarian country teams to assess urgent humanitarian needs and prepare flash appeals. Coordination efforts were further supported by the regional risk, disaster and emergency working group, which deployed 28 experts from member organizations to support agencies and cluster/sector coordination. The Office for the Coordination of Humanitarian Affairs deployed teams from its regional office in Panama to assist the resident coordinators in coordinating the response in the three most severely affected countries (El Salvador, Guatemala and Nicaragua). This was in addition to the presence of four national staff members of the Office who were present in those countries. A six-member United Nations Disaster Assessment and Coordination Team was also deployed to Nicaragua to support the Government in assessing the damages and responding to the crisis.

El Salvador

6. Among the Central American countries, El Salvador was the hardest hit. The amount of rainfall during the 10-day storm exceeded the annual average. Ten per cent of the national territory was flooded, affecting 69 per cent of El Salvador's 262 municipalities, and causing major damage to infrastructure, including roads, bridges, shelters, schools and health facilities. In the agriculture sector, direct losses were estimated at $362 million and exacerbated the existing food crisis, with prices of staple foods increasing by as much as 70 per cent. The tropical depression was responsible for approximately $840 million in losses, representing 4 per cent of gross domestic product (GDP).

7. According to Government estimates, 1 million people were affected and at least 35 died. The Government's early warning system and preventive evacuations helped prevent further loss of lives and more extensive losses in terms of infrastructure and livelihood. The Government of El Salvador led the emergency relief and civil protection efforts in close coordination with the international humanitarian community.

8. Upon request and in close cooperation with the Government, the international humanitarian community issued a flash appeal totalling $15.86 million to support projects for an estimated 300,000 people considered to be those most affected by the floods. An allocation from the Central Emergency Response Fund of $2.6 million covered urgent needs in food; water, sanitation and hygiene; health care, including emergency reproductive health care; shelter and shelter management; emergency education; protection, including prevention of gender-based violence; and return assistance.

9. The World Food Programme (WFP) provided assistance to 115,000 people in 60 municipalities. This included a general distribution of fortified biscuits and food rations in shelters and communities, early recovery activities, food-for-work and food-for-training schemes, and rehabilitation and reconstruction programmes. Funds mobilized through the Central Emergency Response Fund ($720,000) and the flash appeal ($3.7 million) allowed WFP to distribute approximately 4,000 tons of food.

10. Almost 200,000 people benefited from life-saving actions including the re-establishment of health-care services and facilities in affected areas. The Pan American Health Organization (PAHO) supported the Government in reinforcing epidemiological surveillance and strengthening referral laboratory capabilities. Medicine and medical supplies were distributed throughout the national health network. The Government, supported by PAHO, rehabilitated a regional hospital and a chronic renal failure clinic in Bajo-Lempa, and restocked medicines, basic medical equipment and supplies lost in the floods.

11. The International Organization for Migration (IOM) used funds from the Central Emergency Response Fund to help the Government to monitor 56,000 people who had been evacuated and housed in 669 collective centres. At least 700 families received psychosocial support and were assisted in returning to their communities, while some 3,000 people received household items. The United Nations Development Programme (UNDP) provided 870 families with small repair materials for their damaged or destroyed houses. The United Nations Children's Fund (UNICEF) distributed educational materials on hygiene standards through the sectoral commissions, directed by the Home Office, to some 950 households.

12. The World Health Organization (WHO), in conjunction with PAHO, and UNICEF improved access to safe water for more than 33,000 people in collective centres and affected communities by providing water purification and water storage, and by improving sanitation facilities. At least 3,000 families received gender-appropriate hygiene kits. To prevent the infection of health-care personnel and patients, PAHO rehabilitated wastewater systems in health community centres.

13. The United Nations Children's Fund provided educational and recreational backpacks and kits for 150 schools, benefiting 75,000 people. A total of 1,800 people (teachers, students, family, parents and community leaders) from 23 school centres were trained on Minimum Standards for Education in Emergencies, gender approaches and psychosocial care.

14. The organization also distributed 2,000 hygiene kits to families with children under the age of 5. Psychosocial care kits were provided to 3,373 people in affected communities as part of the emergency psychosocial care programme. To preserve women's dignity, UNICEF targeted the needs of elderly and pregnant women, as well as those of reproductive age, by training Health Ministry personnel on the prevention of gender-based violence.

15. The United Nations Development Programme (UNDP) provided technical assistance to support and reinforce the Government's capacity in planning early recovery initiatives. UNDP also developed a strategic framework for early recovery in line with the national development plan.

Guatemala

16. The tropical depression hit Guatemala on 12 October, creating an emergency situation throughout the country, with particularly severe consequences in seven of the country's 22 departments. The National Coordinator for Disaster Reduction issued an institutional red alert, focused on the most-affected Pacific Coast region, and a national state of public calamity decree was issued on 18 October. The impact of the tropical depression aggravated pre-existing humanitarian needs, including the plight of 2,200 people displaced by the earthquake that hit near Guatemala City on 19 September 2011.

17. Guatemala experienced several emergencies during the past five years: tropical depression 16 in 2008, food insecurity and acute malnutrition in 2009/2010, and Tropical Storm Agatha and the eruption of the Pacaya volcano in 2010. Those emergencies affected the country's food security situation, which is illustrated by the prevalence of stunting in children under the age of 5; at 49.8 per cent, Guatemala has the highest rate of stunting in Latin America and the fourth highest worldwide. Rates of stunting are most severe in rural areas (over 80 per cent in some areas), among indigenous communities (65.9 per cent), and among infants whose mothers have not received a formal education (69.3 per cent).

18. In response to the disaster, the Government initiated bilateral resource mobilization strategies to cover gaps and assist affected people. The food, water, sanitation and hygiene, nutrition, health-care and shelter clusters were activated to help the Government collect data, share information and prioritize and coordinate joint responses. Coordination between humanitarian actors and authorities supported needs identification, the release of emergency funds and the prioritization of a request to the Central Emergency Response Fund. The United Nations system

mobilized $5.6 million, which included $2.2 million from the Central Emergency Response Fund and $1.5 million from the Food and Agriculture Organization of the United Nations (FAO), to provide help, through the clusters, to more than 135,000 people following the September earthquakes and tropical depression E-12.

19. The food cluster estimated that 135,000 people needed food assistance. Funding from the Central Emergency Response Fund enabled the purchase of 1.133 tons of corn, vegetable oil and corn soya blend, which Brazil complemented with a donation of beans. Food distributions covered 13,314 families (66,570 people), or approximately half of the estimated people in need.

20. Priority was given to people living temporarily in shelters and improvised community shelters, and to families in remote communities, particularly children suffering from acute malnutrition, and pregnant and lactating women. Food rations were distributed in targeted communities through community councils and in coordination with local authorities.

21. The Government's integrated health-care system and PAHO provided health care to 128,738 people. Funding from the Central Emergency Response Fund enabled health brigades to provide assistance in shelters and affected communities (3,191 care interventions). Affected families also received mental health and psychological support. Medical surveillance was strengthened in affected areas, especially in early warning and the prevention of disease outbreaks. A total of 3,915 people received training in the prevention of water, food and vector-borne diseases. Interventions also included the timely identification and referral of pregnant women at risk, and the provision of contraceptives and rape kits to the Ministry of Health. These items were distributed in shelters, communities and health-care facilities.

22. Children under the age of 5 and women with acute malnutrition were identified through local screenings and received assistance. Some 21,000 children and women received supplies for micronutrient supplementation and treatment of severe acute malnutrition. Nutritional counselling was also provided in shelters and at the community level to promote breastfeeding and complementary feeding.

23. A total of 1,500 families in shelters and communities received non-food items (kitchen, hygiene and comfort kits). With the Department of Mental Health, UNICEF provided psychological support to children and teenagers. In addition, 102 workshops were organized on preventing violence in emergency situations, focusing on human rights, disaster risk reduction, women's rights and reproductive health.

24. The water, sanitation and hygiene cluster helped to restore sanitation in affected communities and shelters. This included providing safe drinking water for 43,545 people by clearing and disinfecting wells, and rehabilitating water, sanitation and excreta disposal systems in affected communities. Shelters and communities also received operational and technical support for solid-waste collection and management to reduce the risk of spreading diseases.

Nicaragua

25. The Government of Nicaragua reported that 87 of the country's 153 municipalities suffered damages and nearly 150,000 people were affected. Economic losses totalled $44 million, or 6.8 per cent of GDP. According to the Government's national system for preventing, mitigating and attending to disasters

(SINAPRED), the majority of losses were in infrastructure, housing and agricultural production. On 17 October, the President declared a countrywide state of disaster and asked the United Nations system in Nicaragua to activate international assistance mechanisms.

26. The resident coordinator called on the United Nations Disaster Management Team and a United Nations emergency technical team to support coordination of the response, and requested the deployment of a United Nations Disaster Assessment and Coordination Team. An inter-agency emergency response plan was triggered, and a response strategy was elaborated under a sector/cluster approach with SINAPRED and the Ministry of Foreign Affairs.

27. A flash appeal was launched in October 2011, requesting $14 million for projects in the priority sectors identified by the Government: food aid, health care, shelter, agricultural livelihoods, water, sanitation and hygiene, and early recovery. Projects in those sectors supported and complemented national humanitarian efforts over six months and benefited approximately 100,000 people. More than $10.5 million was mobilized for the emergency. This included $5.4 million through the flash appeal, of which the Central Emergency Response Fund provided $2 million.

28. On behalf of the food and nutrition security sector, WFP and FAO carried out an emergency food security assessment with the Government. WFP provided food assistance to 118,500 people (60,435 women and 58,065 men). FAO reached 10,458 small-scale farmers in 26 municipalities with support to re-establish food production and livelihoods, including the distribution of seeds, corn, fertilizers and storage facilities.

29. In collaboration with PAHO, WHO supported the Ministry of Health's response through the deployment of medical brigades in shelters and isolated communities in the country's four most affected departments. This covered approximately 300,000 people. PAHO/WHO also supported vector-borne disease control, including providing health education and chlorine to improve access to safe water, thereby benefiting some 52,000 households. The response from PAHO/WHO contributed to a decline in the number of cases of dengue and leptospirosis.

30. Actions in the water, sanitation and hygiene sector were supported by UNICEF, which resulted in improved quality of drinking water, increased knowledge of hygiene practices, and improved sanitation facilities for 31,418 people in 99 communities within four municipalities. The main activities were cleaning 367 wells, distributing 1,487 ceramic water filters and other drinking storage, constructing 320 latrines and promoting hygiene.

31. With flash appeal funding, IOM and the United Nations Population Fund (UNFPA) distributed 1,000 hygiene, kitchen and comfort kits to improve the living conditions of 5,933 people in shelters. This response included support to the Nicaraguan Government in managing shelters, including elaborating strategies for the prevention of gender-based violence in shelters.

32. The United Nations Development Programme initiated early recovery activities to support the local government response system in seven municipalities. Cash-for-work schemes were implemented, benefiting women, children and elderly people. Feedback from community members highlighted appreciation of the work scheme, which allowed beneficiaries to prioritize support for priority needs, such as

food, medicine and the rehabilitation of houses. Capacities of municipalities and the housing institute were strengthened to accelerate damage assessment and response.

III. Humanitarian assistance, emergency relief and rehabilitation provided in response to the severe drought in the Horn of Africa region

A. Overview

33. In 2011, parts of the Horn of Africa faced a severe drought due to a La Niña event triggered by below-normal sea-surface temperatures in the eastern Pacific. Food security deteriorated in Djibouti, Ethiopia and Kenya, while famine conditions were declared in several regions of Somalia in July 2011. At the height of the crisis, 13.3 million people were affected in the region, particularly among pastoralist and agropastoralist communities. The crisis exposed vulnerabilities specific to the affected countries. Suffering and mortality were most extreme in Somalia, where people's ability to cope with disasters had been eroded as a result of years of conflict and restricted access to remittances and humanitarian assistance. The 2012 *Real-Time Evaluation of the Humanitarian Response to the Horn of Africa Drought Crisis* concluded that most vulnerable people were reached in a timely manner in Ethiopia and Kenya, but that the international community failed to prevent famine in Somalia.

34. Drought and food insecurity are recurrent in the Horn of Africa, and lessons must be learned from the crisis in 2011 on how to better support Governments in strengthening communities' ability to prevent, mitigate, prepare for and respond to the impact of future droughts. Following good rains between October and December 2011, and as a result of sustained humanitarian assistance, drought conditions eased in Djibouti, Ethiopia and Kenya in early 2012, and famine conditions are no longer present in Somalia.

35. Without continued assistance, the fragile gains could be reversed. The latest forecasts indicate that food security is worsening again owing to erratic rains and high food prices in parts of Ethiopia, Kenya and Somalia. As of July 2012, at least 9.1 million people still needed food assistance in Djibouti, Ethiopia, Kenya and Somalia. Of the $2.49 billion requested through the humanitarian appeals in those four countries in the second half of 2012, $1.22 billion (49 per cent) had been received by mid-July. Continued funding is required in the coming months to ensure that Governments, supported by the international humanitarian community, can deliver urgently required assistance, and to ensure that initiatives that build the resilience of people and livelihoods are successful in the long term.

B. Humanitarian response

Djibouti

36. Djibouti has faced six consecutive years of drought and serious rainfall deficit. This culminated in large-scale food insecurity during the 2011 drought, affecting 206,000 people. Low food production was compounded by the drastic rise in global food prices, further eroding the coping mechanisms of the most vulnerable people.

Drought conditions led to large-scale movements of people, especially from rural areas, within their regions or towards the capital.

37. Poorer households that could not afford to migrate suffered a 70 to 100 per cent loss in livestock. The Government and humanitarian partners responded through agricultural drought response programming that benefited 80,000 people; an animal health programme that supported the distribution of vaccines, medicine and micronutrients for 180,000 livestock; and a food-for-assets programme that reached 10,000 households with water assistance and 23,000 people with food assistance. Approximately 20,000 children were treated for malnutrition, with a recovery rate of 72.5 per cent. An additional 4,600 moderately malnourished children under the age of 5 and pregnant and lactating women received supplementary feeding through 36 health-care centres around the country. To cover outstanding humanitarian needs, the Consolidated Appeal for Djibouti, launched at the beginning of 2012, appealed for $79 million, of which 39 per cent had been received by mid-July.

38. High operating costs, among other factors, have limited the number of non-governmental organizations operating in Djibouti, meaning that agencies struggled to adequately scale up the drought emergency response. However, response capacity improved owing to the arrival of several non-governmental organizations and IOM in 2011, and as a result of efforts to build local capacity, particularly in the food security sector. Efforts are under way to strengthen disaster risk management, including the collection and dissemination of early warning information, but these efforts are constrained by a lack of funding. Djibouti received $6 million from the Central Emergency Response Fund in 2011 and a further $4 million in 2012.

Ethiopia

39. The La Niña event in the eastern Pacific resulted in poor rains between October and November 2010; failed rains between March and April 2011 in Ethiopia's southern pastoralist lowlands; and failed rains between February and May 2011 in the central and south-western highlands. The La Niña-induced drought also caused severe water shortages and led to deepening food insecurity in affected areas.

40. Food distributions were scaled up, from reaching 2.8 million people in February 2011 to a total of 4.56 million people in July 2011. In the most drought-affected areas, an additional 3 million people received an extra round of food assistance in January 2012. In addition, about 6.5 million drought-affected people out of 7.6 million regular beneficiaries of the Productive Safety Net Programme, a mechanism supporting food security and protecting assets at the community and household levels, received additional emergency assistance when the Government triggered the programme's risk financing mechanism.

41. By the end of the year, almost 280,000 children under age 5 had been treated for severe acute malnutrition. The treatments performed exceptionally well against international nutrition indicators: out of approximately 150,000 children discharged from therapeutic feeding programme sites in the first six months of the year, 82 per cent recovered, while the death rate averaged 0.4 per cent. This is far below national standards and those set by the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere standards) (less than 10 per cent). More than 1 million moderately malnourished children under the age of 5 and pregnant and

breastfeeding women received targeted supplementary food, preventing them from sliding from moderate to severe malnutrition. Health partners ensured expanded surveillance and case management for disease outbreaks, including measles, malaria, meningitis and acute watery diarrhoea, and supported the roll-out of an integrated national measles and polio vaccination campaign that targeted 7 million children in six drought-affected regions of Ethiopia.

42. At the height of the severe water shortages in April and May 2011, water-trucking interventions reached more than 2 million people. Humanitarian and development organizations supported the Government in rehabilitating boreholes, with more than 90 per cent of boreholes in drought-affected areas functional by the end of the year. Priority livelihood responses included providing seeds and cuttings to drought-affected smallholder farmers, animal health care, supplementary feeding and de-stocking (commercial and slaughter) for drought-affected pastoralists. Emergency education support was provided to more than 87,000 children estimated to have dropped out of school as a result of the drought.

43. The Real-Time Evaluation recognized the efforts of the Government and partners to increase preparedness levels, establish longer-term food security and nutritional programmes, and enhance emergency response capacity to prevent the emergence in Ethiopia of worst-case conditions, such as those found in Somalia and even in pockets of northern Kenya. At the height of the crisis, Government-led emergency coordination mechanisms were expanded to include the international humanitarian community, which improved overall coordination and response. The Real-Time Evaluation also noted that humanitarian strategies, planning and resource mobilization were strong in Ethiopia owing to good partnerships between the Government, donors, the United Nations and non-governmental organizations. Donor support to Ethiopia has been outstanding: the $398.4 million in humanitarian requirements identified for the second half of 2011 has been funded.

44. By mid-2012, Ethiopia was confronting a renewed crisis in parts of the central and southern highlands due to the poor performance of the rains between April and June 2012 and, in some cases, failure of the associated harvest. The humanitarian community continues to work with the Government to assess the situation and provide an adequate solution to save lives, while also strengthening efforts to protect livelihoods and build resilience among the most vulnerable households.

Kenya

45. Drought conditions in Kenya's northern and north-eastern districts developed after the poor performance of the rains between March and June 2011. At the height of the drought, 3.75 million people were food insecure, particularly in areas experiencing chronic poverty, limited investment and intermittent conflict. About 1.4 million people, predominantly in the northern and north-eastern pastoral areas, were classified in the emergency phase of the Integrated Food Security and Humanitarian Phase Classification following the long rains assessment in August 2011. By that time, an estimated 385,000 children under the age of 5 and 90,000 pregnant and breastfeeding women were suffering from moderate acute malnutrition and severe acute malnutrition. The eastern parts of Turkana, in north-eastern Kenya, reported a rate of 37.4 per cent global acute malnutrition, which is the highest malnutrition rate recorded in Kenya in the past decade.

46. In response to drought-induced water shortages and deepening food insecurity in affected areas, humanitarian organizations supporting the Government reached 88 per cent of people in need with water, sanitation and hygiene interventions, and they had distributed food to 1.4 million Kenyans and 550,000 Somali refugees by the end of 2011. Nutrition interventions reached 168,000 children and 33,000 pregnant and breastfeeding women. Donors were generous in their response to the increasing needs. As drought conditions in Kenya intensified, requirements under the Consolidated Appeal increased to $742 million, which is the largest amount ever requested for Kenya through a Consolidated Appeal. As of 15 November 2011, $518 million (70 per cent) had been received, exceeding contributions in any previous year.

47. The scope of the crisis reinforced plans by the Government and its humanitarian partners to adopt an integrated approach that includes scaling-up immediate life-saving assistance, while addressing the underlying drivers and long-term impact of food insecurity in order to aid recovery. However, as the Real-Time Evaluation noted, early warning information in northern Kenya failed to mobilize a timely response, until the Government declared a national disaster. The Government has established coordination mechanisms at the national, regional and subregional levels to deal with humanitarian issues requiring sustained support, such as through the Drought Resilience Initiative of the Intergovernmental Authority on Development (IGAD), which was agreed at the summit between IGAD and Heads of State of the East African Community, held in September 2011, and reinforced at the joint ministerial and high-level development partners meeting of IGAD, held in April 2012.

48. As a result of good rains between October and December 2011 and sustained humanitarian assistance, the number of people requiring food assistance decreased from 3.75 million, at the height of the drought, to 2.4 million by mid-2012. However, the food security situation has deteriorated for thousands of people due to poor rains between March and May 2012 across the north-eastern pastoral areas and the south-eastern and coastal lowlands. The humanitarian situation in North-Eastern Province may deteriorate further due to insecurity and lack of access for humanitarian organizations.

Somalia

49. Somalia's food security situation deteriorated largely as a result of poor performance of rains between April and June 2011 and the associated drought. Food insecurity was exacerbated by conflict and by lack of access in the most affected areas. Between late July and September 2011, famine had been declared in six regions of southern Somalia. The number of people requiring food assistance reached 4 million by September 2011. Famine conditions developed as communities' coping mechanisms had been exhausted, accompanied by a massive rise in food prices. Even with normal rainfall, Somalia produces less than half of its cereal requirements and is heavily dependent on imports and food aid.

50. Seventy per cent of people in need in Somalia were and continue to be from the south. The combination of drought and conflict in the area during the crisis of 2011 meant that many people were unable to receive assistance in their villages. This led to large-scale movements of people within Somalia and across its borders. Many people, particularly women and children, arrived in refugee camps in

Djibouti, Ethiopia and Kenya, severely malnourished and in dire conditions, given their already poor physical state in the areas of origin. Malnutrition rates among affected Somalis far exceeded the emergency threshold for global acute malnutrition, which is set at 15 per cent. Levels of severe acute malnutrition rose as high as 15.8 per cent (mainly in the south).

51. The humanitarian response to the rapidly growing needs focused on health and nutrition, water, sanitation and hygiene, food assistance, agriculture, livelihoods, shelter and non-food items. By the end of 2011, nutrition services had been provided to 495,000 children under the age of 5, including almost 320,000 children suffering from moderate acute malnutrition and almost 140,000 children suffering from severe acute malnutrition. The number of people requiring food assistance rose from 3.7 million in August to 4 million in September. Humanitarian organizations reached about half of the population in need by the end of October. Access to primary and/or secondary health care was improved for 1.3 million people, while 1.2 million people were reached with potable water. Humanitarian organizations worked with new local partners and enhanced the use of cash transfers, vouchers and employment schemes to reach the most vulnerable people in areas where access was extremely limited.

52. Despite these achievements, humanitarian assistance was limited, largely due to lack of access, conflict and associated insecurity, which heavily affected the ability of humanitarian organizations to deliver assistance. Restrictions imposed by Al-Shabaab, including the ban placed on six United Nations agencies and 10 non-governmental organizations during the crisis, further prevented assistance from reaching affected communities. Additionally, counter-terrorism caveats of key donors initially had a negative impact on funding for humanitarian programmes in Somalia. Humanitarian partners in Somalia carried out an emergency revision of the Consolidated Appeal for 2011 in early August 2011. The revised Appeal reflected an increase in requirements from $530 million at the beginning of the year to $1.06 billion for the second half of the year. A total of $1.3 billion was raised in 2011 (123 per cent of requirements), making the Consolidated Appeal for Somalia one of the best-funded humanitarian appeals worldwide. However, funding commensurate to the needs was received only after famine was declared.

53. Over the past year, the number of people in need has steadily decreased, especially in Mogadishu, as a result of declining inflation, improved access to labour, increased purchasing power and better access to food. However, the humanitarian situation remains critical. As of August 2012, 2 million people remain in crisis, unable to fully meet basic needs without assistance, according to the Food Security and Nutrition Analysis Unit. An additional 1.8 million people are in a stressed food security situation, at risk of sliding back into crisis unless they receive sustained assistance. Mortality and malnutrition rates in Somalia have improved dramatically, but they remain among the highest in the world. An estimated 236,000 children are acutely malnourished. This represents a 27 per cent reduction since the beginning of 2012, and a 50 per cent reduction since the declaration of famine in July 2011. Conflict and lack of access to people in need remain major challenges, as increased military operations in southern and central regions over the last few months of 2011 and the first half of 2012 resulted in new displacements in Bakool, Bay, Gedo, Hiraan and Lower Juba.

C. Refugees

54. From January 2011, growing numbers of Somali refugees started crossing into Kenya. The number reached a daily average of between 700 and 1,000 Somalis by the time famine was declared in Somalia in July. Approximately one quarter of the children from southern Somalia arriving in the Dadaab refugee complex were malnourished. By the end of September, there were about 450,000 refugees in Dadaab, and almost 591,000 refugees and asylum seekers in Kenya. The five-fold increase in refugee numbers compromised the quality of service delivery and further exacerbated existing environmental concerns, such as deforestation and tensions between the host and refugee communities. Three workers from non-governmental organizations were abducted from Dadaab in the second week of October, which prompted a Kenyan military incursion into Somalia. Arrivals fell dramatically to approximately 100 per day due to increased insecurity along the Kenya/Somalia border, and registrations were stopped for new asylum seekers from Somalia.

55. In Ethiopia, increased numbers of Somali refugees started to arrive in Dollo Ado at the beginning of 2011. The number peaked at nearly 2,000 new arrivals per day in June and early July, before dropping to some 300 per day by the end of July. The number of Somali refugees in Dollo Ado more than tripled between January and December 2011: it jumped from less than 40,500 at the start of 2011 to nearly 142,300 by the end of 2011. The Real-Time Evaluation noted that this large-scale influx put a massive strain on existing resources and imposed new demands on the Office of the United Nations High Commissioner for Refugees (UNHCR), the Government Administration for Refugee and Returnee Affairs, and humanitarian partners. This delayed the roll-out of assistance programmes. Combined with people's poor nutritional status on arrival and the magnitude of the influx, there were exceptionally high rates of infant mortality, morbidity and malnutrition among refugees in Dollo Ado.

56. By mid-2012, the number of Somali refugees in the Horn of Africa had passed 1 million. Refugees cited insecurity and diminishing food resources as the main reasons for their continued displacement. The arrival rate in 2012 is significantly slower than in 2011, with 30,000 new arrivals registered in Kenya and Ethiopia in the first six months of 2012, compared with 137,000 during the same period last year. In addition to the 1 million refugees, more than 1.3 million Somalis (out of the estimated population of 7.5 million) are internally displaced.

D. Preparedness and disaster risk reduction

57. Cyclical droughts and other hazards are inevitable, but the impact of humanitarian emergencies on the scale of the 2011 drought in the Horn of Africa can be mitigated. Investing in preparedness and disseminating early warning information, from community to regional levels, need to be followed by early action to mitigate the humanitarian impact of natural disasters. This must be combined with investments in resilience-building activities in countries that are susceptible to successive shocks. The Real-Time Evaluation found that although the humanitarian response was largely successful in Ethiopia and Kenya, it was insufficiently prompt. The Famine Early Warning System Network accurately predicted extreme conditions as early as 2010. Together with other early warning information, this prompted some early action in Ethiopia, but not in Kenya and Somalia.

58. Building on earlier prevention and preparedness work, and on the humanitarian response of 2011, regional humanitarian actors continue to work with Governments to strengthen communities' ability to mitigate, prepare for and respond to future droughts. To respond to recurring disasters, local governance and communities' ability to prepare for and respond to disasters should be strengthened, as should early warning capacity at the local, regional and national levels. Early warning systems should be community-based, monitor household vulnerability and poverty, and provide sufficient lead time for disaster preparedness for the most vulnerable people. Establishing and empowering community-based organizations in this regard is likely to expedite risk mitigation and recovery processes, as Government responses may be slower to mobilize. Regional and national institutions should have basic capacity to monitor disasters, mitigate their impact and coordinate disaster response. In Ethiopia, an emergency coordination centre has been established and equipped with the support of UNDP, to improve the analysis and dissemination of early warning information, and to improve the coordination of emergency efforts. Regional humanitarian organizations also advocate integrated and early humanitarian action to prevent crises from escalating, including by linking humanitarian actions with development priorities as a way to address the chronic nature of these crises. Community risk reduction and climate-adaptation projects, such as the management of natural resources, small-scale water development and irrigation schemes, have contributed to building community resilience over the past years in the region.

E. Recovery, rehabilitation and resilience

59. The Real-Time Evaluation found that development efforts struggled to keep pace with successive shocks across the Horn, resulting in an inability to save livelihoods and lives. Regional and Government leadership is paramount for ensuring that resilience-building continues beyond the emergency and recovery phase, and there has been important progress in this regard. Regional bodies and Governments are taking greater responsibility for resilience initiatives, such as the Drought Resilience Initiative, which was agreed by IGAD and the Heads of State of the East African Community at their summit in September 2011, and is supported by the United Nations.

60. To support the transition from humanitarian response to development, a regional inter-agency plan of action for the Horn of Africa was rolled out under the leadership of the Emergency Relief Coordinator and the Chair of the United Nations Development Group. It forms the basis for country-level plans to be developed by national Governments and supported by the United Nations. These plans focus on mitigating the impact of food insecurity and malnutrition, as well as promoting early recovery and livelihood resilience.

61. Many programmes in the Horn supported recovery and helped build resilience in parallel to the emergency response. In Somalia, community appeals for more agriculture and livelihood support were met with food-and-cash voucher schemes, allowing people to buy their own food. Disaster risk management programmes at the community level need to be strengthened further in order to restore household food security in Somalia. Donor support is required for programmes focusing on expanding indigenous grain storage facilities; increasing household food production by distributing seeds and tools to agropastoral communities; and increasing

emergency livelihood support in areas hosting high numbers of internally displaced persons. In Ethiopia, social protection was combined with interventions for enhancing livelihood productivity. Investments by the Government and the international community in more predictable systems, such as the Productive Safety Net Programme and the national nutrition programme, were largely responsible for an improved drought response, which helped save lives. The Productive Safety Net Programme is based on a twin-track approach, including measures for immediate relief and assistance to small-scale farmers with tools and technologies that will allow them to boost production. A lesson learned from this approach is that emergency food assistance should be complemented by medium- to long-term approaches to providing economic safety nets to households, thus helping them tackle the root causes of food insecurity. In the drought-affected areas of Ethiopia, water-facility rehabilitation was combined with cash-for-work, voucher-for-work and cash-transfer schemes, and complemented by health-care interventions for animals. To provide a durable solution to the constant challenge of the lack of water in the drought-prone pastoralist areas, groundwater mapping is guiding the development of new water facilities.

F. Lessons learned

62. To contribute to communities' transition from vulnerability to resilience, the humanitarian and development communities need to better coordinate their planning and response efforts, and ensure that the programme cycle adequately addresses all needs. Interventions should focus on livelihoods, crisis preparedness, building adaptive capacity and addressing different areas of governance. Ultimately, poverty's multidimensional nature must be addressed through an integrated approach that tackles the underlying root causes and drivers of vulnerability.

63. A shift towards building resilience requires harmonized and predictable multi-year funding, as opposed to project-specific funding that focuses on short-term response. This would allow aid agencies to plan and programme more strategically, invest more in staff skills and capacity, and, most importantly, make longer-term commitments to communities and local partners, including Governments. People affected by disaster would benefit from predictability and approaches to social protection that are rooted in the ability of households to plan based on their own livelihood strategies and coping mechanisms. In Somalia in particular, formulating a strategy to strengthen partnerships and mobilize resources to build resilience should be a priority.